***Award Nomination Form***

*Please indicate category:* *[x]*

[ ]  2024 Humanitarian Service Award

[ ]  2024 Outstanding Service Award

[ ]  2024 Guest of Honor

*[ ]* 2024 New Dentist Leadership Award (A candidate must have graduated from dental school on or after Jan. 1, 2014)

Name:

ADA Number:

Date of Birth:

Address:

City/State/Zip:

Telephone:

Email:

*Please provide a summary of the candidate’s qualifications in the following categories, as appropriate:*

Identify leadership qualities/traits:

Describe leadership initiatives the candidate has demonstrated:

Describe role model traits the candidate has shown, as well as examples of mentor activities:

Provide examples of contributions that have helped organized dentistry to achieve its goals: (Not required for Humanitarian Service Award.)

Has the candidate made an impact on the practice of dentistry in the community?

Indicate offices held, committee appointments, programs implemented and honors received:

Please list civic and community activities in which the candidate has been involved (*if applicable*):

Submitted by:

Name:       Title:

District:       Date:

*Please date this form and type the name of who is submitting the form prior to submitting it to the MDA. A curriculum vitae and other information may accompany this form.*

Please mail nomination materials to the Minnesota Dental Association,

1335 Industrial Blvd, Ste 200, Minneapolis, MN 55413, fax to (612) 767-8500, or email:

hod@mndental.org. Thank you.